

TITLE 5. COMMUNITY AFFAIRS  
CHAPTER 29. LANDLORD-TENANT RELATIONS

N.J.A.C. 5:29

T§ 5:29-1.1 Applicability

(a) Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by landlords to tenants in single unit dwellings and in two-unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.

(b) Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and N.J.A.C. 5:10-1.11.

§ 5:29-1.2 One and two-unit dwelling registration form

(a) The form of the certificate of registration to be filed with the municipal clerk and distributed to tenants by owners of non-owner occupied one- and two-unit dwellings shall be substantially as follows:

LANDLORD IDENTITY STATEMENT

(One and Two-Unit Rental Dwellings)

Address of Dwelling:

1. The names and addresses of all record owners of the building or of the rental business (including all general partners in the case of a partnership) are as follows:

2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows:

☐ Record owner is not a corporation.

3. If the address of any record owner is not located in the county in which the dwelling is located, the name and address of a person who resides in the county and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s) are as follows:

☐ The addresses of all record owners are in the county in which the dwelling is located.

4. The name and address of the managing agent are as follows:

☐ There is no managing agent.

5. The name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service are as follows:

☐ There is no superintendent, janitor, custodian or other person employed to provide regular maintenance service.

6. The name, address and telephone number of an individual representative of the record owner or managing agent who may be reached or contacted at any time in the event of an emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any

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essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures, are as follows:

7. The names and addresses of all holders of recorded mortgages on the property are as follows:

☐ There is no recorded mortgage on the property.

8. If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

☐ The building is not heated by fuel oil.

.....

☐ The building is heated by fuel oil, but the landlord does not furnish heat.

Date: .....

.....  
Landlord or Authorized Representative

(b) Copies of this form may be obtained from private sources or from:

Office of Landlord Tenant Information

Division of Codes and Standards

Department of Community Affairs

PO Box 805

Trenton, NJ 08625-0805

§ 5:29-2.1 Right to terminate a lease because of disabling illness or accident

(a) Pursuant to *N.J.S.A. 46:8-9.2*, a lease may be terminated by a tenant under either of the following circumstances:

1. A lease for a term of one or more years of a property that has been leased and used by the lessee (tenant) solely for the purpose of providing a dwelling place for him or herself, or the lessee and his or her family, may be terminated prior to the expiration date thereof if the lessee or his or her spouse, or both, suffer a disabling illness or accident, unless the terms of the lease explicitly provide otherwise, if:

i. The disability makes the disabled person unable to continue to engage in gainful employment and there is a loss of income; and

ii. There is no other source of income or subsidy providing sufficient replacement income so that the rent on the property can still be paid.

2. A lease may be terminated at a dwelling place that is not handicapped-accessible by a lessee (tenant) or a member of his or her household who suffers a disabling illness or accident if:

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i. The person who is disabled has lost the use of one or more limbs as a consequence of paralysis, amputation or other permanent disability, or is permanently disabled as to be unable to move about without the aid of an assisting device, or is otherwise limited in his or her mobility;

ii. The disability is not likely to be of a temporary nature; and

iii. The lessor (landlord) has been asked to make the dwelling unit accessible for the disabled lessee or household member at the lessor's expense and has been unable or unwilling to do so.

(b) Notice of termination shall be given by the lessee (tenant) to the lessor (landlord) on the form prescribed in either *N.J.A.C. 5:29-2.2(a)* or (b), whichever applies.

(c) Termination shall take effect on the 40th day following receipt by the lessor of the notice and rent shall be paid up to that date.

(d) The property shall be vacated and possession shall be given to the lessor at least five working days prior to the 40th day following receipt by the lessor of the notice.

§ 5:29-2.2 Form of notice

(a) A notice of lease termination given by a tenant pursuant to *N.J.S.A. 46:8-9.2* in a case in which a disabling illness or accident has resulted in inability of the tenant and/or tenant's spouse to engage in gainful employment, with a consequent loss of income, shall be in the following form:  
NOTICE OF LEASE TERMINATION

Name of Tenant .....

Property Address .....

Apartment Number (if applicable) .....

To the Landlord of the above dwelling unit:

This is to notify you that, in accordance with *N.J.S.A. 46:8-9.2*, I am terminating my tenancy as of the 40th day following your receipt of this notice by reason of:

☐ a disabling illness

☐ a disabling accident

suffered by:

☐ me

☐ my spouse

☐ both me and my spouse.

Date: ..... Signature .....

CERTIFICATION OF TREATING PHYSICIAN

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I hereby certify that I am a physician who is currently treating .....,  
whom I find to be unable to continue to engage in gainful employment.

Date: ..... Signature .....

PROOF OF LOSS OF INCOME AND INSUFFICIENCY OF CURRENT INCOME

STATE OF NEW JERSEY  
COUNTY OF .....

....., of full age, being duly sworn,  
upon his/her oath, deposes and says:

1. As of ....., 20..., my income (including any  
spouse's income) was reduced from \$ ..... per .... to \$ .... per ....  
as a result of:

☐ a disabling illness  
☐ a disabling accident  
suffered by:

☐ me  
☐ my spouse  
☐ both me and my spouse.

2. The total amount of all pensions, insurance and other subsidies to which I  
and/or my spouse am/are entitled is \$ ..... This amount is insufficient  
to supplement my/our income, which is necessary for the payment of the rent  
on our dwelling unit, so that this rent can be paid.

Signature .....

Sworn and subscribed before me  
on ....., 20...

Notary Public of NJ

(b) A notice of lease termination given by a tenant pursuant to N.J.S.A. 46:8-9.2 in a case in  
which the tenant, or a member of the tenant's household, is disabled as a result of the loss of use  
of one or more limbs or requires an assistive device to move about or otherwise has limited mobil-  
ity, and the landlord cannot or will not make the dwelling unit handicapped-accessible at the land-  
lord's expense, shall be in the following form:

NOTICE OF LEASE TERMINATION

Name of Tenant

.....

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Name of Person Giving Notice

.....

(Notice may be given by the tenant, the tenant's spouse or another adult member of the tenant's household.)

Property Address

.....

Apartment Number (if applicable)

.....

To the Landlord of the above dwelling unit:

This is to notify you that, in accordance with N.J.S.A. 46:8-9.2, I am terminating my tenancy as of the 40th day following your receipt of this notice because, as a result of:

... a disabling illness

... a disabling accident

suffered by:

... me,

... .., a member of my household, I require a dwelling unit that is handicapped-accessible. You have been asked to make the dwelling unit handicapped-accessible but have been unable or unwilling to do so at your expense.

.....  
Date

.....  
Signature

CERTIFICATION OF TREATING PHYSICIAN

I hereby certify that I am a licensed physician, that I have examined ....., and that I have determined that he/she is handicapped and that the handicap is not likely to be of a temporary nature. By "handicapped," I mean that he/she has lost the use of one or more limbs as a consequence of paralysis, amputation or other permanent disability, or is permanently disabled as to be unable to ambulate without the aid of an assisting device, or is otherwise limited in mobility.

.....  
Date

.....  
Signature

(c) Copies of these forms may be obtained from private sources or from:

Office of Landlord-Tenant Information

Division of Codes and Standards

Department of Community Affairs

PO Box 805

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